



**Solicitation Information
September 28, 2015**

RFP# 7549922

TITLE: Access to Housing and Services -RICABHI

Submission Deadline: October 27, 2015 at 10:00 am (ET)

PRE-BID/ PROPOSAL CONFERENCE: NO

MANDATORY:

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **October 8, 2015 at 10:00 am (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: NO

BOND REQUIRED: NO

**David J. Francis
Interdepartmental Project Manager**

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov.

Note to Applicants:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), is soliciting proposals from qualified firms to provide comprehensive mental health, substance abuse treatment, recovery services, peers supports and housing to homeless veterans and other individuals experiencing chronic homelessness, in accordance with the terms of this Request for Proposals (RFP) and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov.

The initial contract period will begin approximately December 1, 2015 for one year. Contracts may be renewed for up to 2 additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered.

Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1
Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2: BACKGROUND

Cooperative Agreement to Benefit Homeless Individuals (CABHI)

BHDDH has entered into a Cooperative Agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA) and is seeking to enhance the infrastructure of Rhode Island and its treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services, permanent supportive housing, peer supports, and other recovery support services to:

- Individuals who experience chronic homelessness and have substance use disorders, SMI, or co-occurring mental and substance use disorders, including individuals cycling through the Department of Corrections and the homeless system; and/or
- Veterans who experience homelessness/chronic homelessness and have substance use disorders, SMI, or co-occurring mental and substance use disorders.

Project CABHI Goals:

- 1) Improve statewide strategies to address planning, coordination, and integration of behavioral health, primary care and permanent housing to reduce homelessness;
- 2) Increase the number of individuals residing in permanent housing who receive behavioral health and recovery support services; and are in Medicaid and other state and federal benefit programs.

The goal of the CABHI-States program is to ensure that individuals targeted in this RFP receive the services listed above. To achieve this goal, five primary types of activities are being supported:

- 1) Increase statewide policies to address planning, coordination and integration of behavioral health and primary care services and permanent supportive housing to decrease homelessness.
- 2) Increase the number of people in permanent supportive housing who receive behavioral health treatment, employment services and recovery support services.

- 3) Increase the number of persons placed in permanent supportive housing and enrolled in Medicaid and other mainstream benefits including TANF, SNAP, and SSI/SSDI.
- 4) Work collaboratively with the Department of Corrections to outreach, identify and assess incarcerated persons who may experience chronic homelessness upon release from release from intake. (Please note Rhode Island has one prison system and no jails. Our In-take Center is comparable to what other states consider jails for the awaiting trial population)
- 5) Provide direct services (including mental health and substance abuse treatment, recovery services and peer supports) to a) 150 individuals who are veterans or individuals experiencing chronic homelessness and have mental health or substance use disorders or co-occurring mental health and substance use disorders and b) an additional 150 persons who are currently living in permanent supportive housing in need of treatment, recovery supports and/or peer supports.

SECTION 3: SCOPE OF WORK

General Scope of Work

The Department will contract with a lead agency on CABHI Goals 2-5 listed above. The Department intends on hiring a full time employee to address CABHI Goal 1 and to support the overall program management of the CABHI project. The successful candidate (lead agency) will be a licensed Community Behavioral Health Organization (CBHO). The CBHO must have a history of at least 2 years working with the chronic homeless population and collaborating with community based organizations such as homeless service providers, recovery service and housing providers.

Providers must ensure that coordinated and integrated consumer driven services are provided to enrolled clients in the program. This includes the following required activities:

- Outreach and other engagement strategies to enroll clients from the Statewide Single Assessment and Coordinated Referral System Housing List. All clients entering the 150 new units will be taken from the Housing List. This must include screening and assessment for the presence of substance use disorders, SMI, or co-occurring mental and substance use disorders. Information obtained from the screening and assessment should be used to develop appropriate treatment approaches. Awardees will be required to report aggregate diagnostic data utilizing the Diagnostic and Statistical Manual 5DSM-5 information for all enrolled clients.
- Direct treatment for the population(s) of focus. Treatment must be provided in outpatient, day treatment, intensive outpatient, or short-term residential programs. Case management or other strategies to link with and retain clients in housing and other necessary services, this includes but is not limited to primary care services and the coordination of these services with other services provided to the client. All

respondents must bill Medicaid for allowable services and supplement non-allowable services with CABHI funding.

- Contract with the statewide SOAR program to engage and enroll the population(s) of focus into Medicaid and all other mainstream benefit programs to which they may be eligible (e.g., SSI/SSDI, TANF, SNAP, etc.).
- Hire a supported employment specialist to enhance state and community capacity to provide and expand evidence-based supported employment programs for the population(s) of focus. Hire a full-time SOAR Specialist to increase access to the disability income benefit programs for the population(s) of focus.
- Hire peer recovery support specialist(s) to deliver peer recovery support services designed and delivered by people with lived experience in homelessness as well as recovery from mental illness and/or substance use disorders.
- Provide trauma-informed services to include an emphasis on implementation of trauma-informed approaches in programs, services, and systems This includes trauma-specific interventions that are designed to address the consequences of trauma in the individual and to facilitate healing and assessment and interventions for emotional, sexual, and physical abuse.
- Connections to recovery support services designed to improve access to and retention in services This may include some or all of the following as appropriate for each client:
 - Vocational, child care, educational and transportation services
 - Independent living skills Employment readiness, training, and placement
 - Crisis care
 - Medications management
 - Self-help programs
 - Discharge planning
 - Psychosocial rehabilitation
- Placement in and retention of permanent housing for individuals in the program.
- Engage consumers with primary health providers.
- Utilize the Homeless Management Information System as a model for potential Medicaid billing reports.

Awardees will be expected to participate in the state-lead infrastructure planning team and be responsible for providing treatment, employment and recovery support services, including peer supports, and permanent supportive housing to individuals experiencing

chronic homelessness, including individuals cycling through the Department of Corrections, and homeless veterans and their families. Due to the unique characteristics of the populations of focus, the BHDDH is requiring contractual partnerships among community mental health centers, treatment centers, homeless service providers and peer organizations.

It is the expectation of this RFP that a lead agency will subcontract with several partners to ensure client choice, for example: case management, housing service provider, and/or recovery supports.

Specific Tasks

1. Placements in Permanent Supportive of Housing-

Increase the number of people in permanent supportive housing who receive behavioral health treatment and recovery support services.

- A. Work with BHDDH to create a streamlined funding process for the delivery of behavioral health services, including housing retention, treatment, recovery and peer supports.
- B. Increase the number of persons accessing housing retention supports who are living in permanent supportive housing.
- C. Increase collaborations and contracted services between CMHC and homeless services providers.
- D. Include Peer supports as a component of the Supportive Housing service team by hiring Peers.
- E. Increase access to Recovery supports as a component of the Supportive Housing service team.
- F. Increase access to supported employment services by hiring a Supported Employment Counselor.

2. Access to Mainstream Benefits-

Increase the number of persons placed in permanent supportive housing and enrolled in Medicaid and other mainstream benefits including TANF, SNAP, and SSI/SSDI.

- A. Contract with the statewide SOAR program to engage and enroll persons in SSI/SSDI, Medicaid and other mainstream programs.

3. Community Re-Entry-

Work collaboratively with the Department of Corrections to outreach, identify and assess incarcerated persons who may experience chronic homelessness upon release from release from intake. (Please note Rhode Island has one prison system and no jails. Our In-take Center is comparable to what other states consider jails for the awaiting trial population.)

- A. Identify persons cycling through the DOC In Take system and the shelter systems who are considered chronically homeless.
- B. Provide the intervention of permanent supportive housing with access treatment, recovery and Peer services.
- C. Track housing retention and recidivism.

4. Service in Support of Permanent Housing -

Provide direct services (including mental health and substance abuse treatment, recovery services and peer supports) to a) 150 individuals who are veterans or individuals experiencing chronic homelessness and have mental health or substance use disorders or co-occurring mental health and substance use disorders and b) an additional 150 persons who are currently living in permanent supportive housing in need of treatment, recovery supports and/or peer supports. Please note, funds from this contract cannot be used to pay for activities that are eligible for Medicaid reimbursement.

- A. House 50 people per year through collaboration with the Statewide Single Assessment and Coordinated Referral System.
- B. Identify 50 existing permanent supportive housing residents per year who are interested in receiving behavioral healthcare services including treatment, peer supports and recovery services.
- C. Provide monthly training and technical assistance to project staff to promote a consistent service delivery and staffing structure.
- D. Increase the number of individuals being served who access health insurance and other mainstream benefits.
- E. Increase the number of individuals accessing to employment services through the Supported Employment Specialist.
- F. Decrease the use of emergency services, by increasing access to primary healthcare.
- G. Increase social connectedness in community of residence.
- H. Monitor cultural disparities to ensure the project is meeting its goals, adjust as needed.
- I. Identify barriers to implementation and adjust as appropriate.

Deliverables and Time

Activity	Deliverable	Date
	Monthly progress reports in a format to be determined by BHDDH	By the 15 th of the following month
	Identify opportunities to utilize the HMIS case management system as a model to bill for Medicaid. Implement a smoking cessation program.	Month 6
1-B	Increase the number of persons accessing housing retention supports who are living in permanent supportive housing. 50 new Permanent Supportive Housing placement each year	By Month 12
1-C	Increase collaborations and contracted services between CMHC and homeless services providers.	Month 1
1-D	Include Peer supports as a component of the Supportive Housing service team.	Month 1 and ongoing
1-E	Increase access to Recovery supports as a component of the Supportive Housing service team.	Month 1 and ongoing
1-F	Increase access to supported employment services.	Month 1 and ongoing
2-A	Contract with statewide SOAR program to engage and enroll persons in SSI/SSDI, Medicaid and other mainstream programs.	Month 1
3-A	Identify persons cycling through the DOC In Take system and the shelter systems who are considered chronically homeless.	Month 3 and ongoing
3-B	Provide the intervention of permanent supportive housing with access treatment, recovery and Peer services.	50 per year

3-C	Track housing retention and recidivism.	On-going
4-A	House 50 people per year through collaboration with the Statewide Single Assessment and Coordinated Referral System.	50 per year
4-B	Identify 50 existing permanent supportive housing residents per year who are interested in receiving behavioral healthcare services including treatment, peer supports and recovery services.	50 per year
4-C	Provide monthly training and technical assistance to project staff to promote a consistent service delivery and staffing structure.	On-going
4-D	Increase the number of individuals being served who access health insurance and other mainstream benefits.	On-going
4-E	Increase the number of individuals accessing to employment services through the Supported Employment Specialist.	On-going
4-F	Decrease the use of emergency services, by increasing access to primary healthcare.	On-going
4-G	Increase social connectedness in community of residence.	On-going
4-H	Monitor cultural disparities to ensure the project is meeting its goals, adjust as needed.	On-going

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. **Staff Qualifications** – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project.
2. **Capability, Capacity, and Qualifications of the Offeror-** The CBHO must have a history of at least 2 years working with the chronic homeless population and collaborating with community based organizations such as homeless service providers, recovery service and housing providers. As well as, the Agency's role and/or connection to Opening Doors Rhode Island (the State's Plan to End Homelessness). Please note the lead agency must be a licensed Behavioral Health Organization qualified to collect third party reimbursements. Successful applicants will demonstrate partnerships with homeless service providers to promote client choice.
3. **Work plan** – Please provide a detailed description of your work plan, including how you will incorporate the specified Evidence Based Practices (see Addendum) to achieve the scope of work, measurable goals and objectives. BHDDH is prioritizing proposals that include tobacco free workplaces and promote abstinence from all tobacco products. Also, list and attach MOUs for all community based agencies with whom you will subcontract. Please include a payment structure for services provided in the sub-contract. Priority will be given to lead agencies partnering on service delivery. Please note that we are not asking for a budget in this section. Budget information should only be contained in the separately sealed cost proposal.
- 4 **Reimbursement Approach/Methodology** – Awardees must utilize third party and other revenue stream wherever possible and facilitate health insurance applications whenever possible. The funding available can only support services that are not reimbursable through Medicaid. Please provide a detailed plan for this work, including a plan for enrolling individuals in entitlement services for which they are eligible, as well as, the continuum of services that will be offered and the funding source. Please note that we are not asking for a budget in this section. Budget information should only be contained in the separately sealed cost proposal.

SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative:

Please provide a description of how you will bill for the required services described in the **Scope of Work**. You must have line items for each type of service. Please use a total bundled rate that includes any cost associated with the service and described in the budget narrative.

The applicant must submit a line item budget using **Appendix B: Budget Form**, reflecting costs to be charged to any resulting contract **FOR EACH PROJECT SERVICE AND SUB-CONTRACTED SERVICE** being provided. The cost proposal must be accompanied by a budget narrative describing calculations and justification for expenditures. The budget narrative should also describe any in-kind contributions or complimentary funding resources. An amount greater than 10% may only be requested if Provider has a federally approved indirect rate which can only be used for programming

funded by SAMHSA funds, i.e. it can only be requested on the SAMHSA-funded portion of the direct charges.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, Experience and Qualifications of the Offeror	25 Points
Quality of the Work plan and leveraged services	15 Points
Suitability of Approach/Methodology	15 Points
Total Possible Technical Points	70 Points
*15 points for the lowest bid **15 points for the most dollars subcontracted through homeless service/community based service providers.	30 Points
Total Possible Points	100 Points

*The Low bidder will receive a maximum of fifteen of the 30 points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are fifteen (15), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 15 = 9.75$$

**The bidder with the most dollars subcontracted through homeless service/community based service providers will receive 15 of the 30 points for cost. All other bidders will be awarded cost points based on the following formula:

$$(\text{vendors bid} / \text{most dollars subcontracted}) * \text{available points}$$

For example if the bidder with the most dollars subcontracted (Vendor A) has \$100,000 in subcontracts and Vendor B has \$50,000 in subcontracts and the total points available are fifteen (15), vendor B's points are calculated as follows:

$$\$50,000 / \$100,000 * 15 = 7.50$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7549922** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked **“RFP# 7549922 Access to Housing and Services -RICABHI”** to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet (included in the original copy only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. One completed and signed W-9 (included in the original copy only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. **A separate, signed and sealed Cost Proposal** reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested, and it should be placed in the proposal marked “original”.

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

Appendix A: Evidence Based Practices

The Department has identified the following evidence-based and trauma-informed practices and services to be incorporated into the work plan.

Outreach and engagement is a critical component of the housing and homeless system in Rhode Island. Through the Substance Abuse Mental Health Services Administration (SAMHSA) Projects for Assistance in the Transition from Homelessness (PATH) funds, the state has developed a coordinated Outreach Team that is comprised of peers (persons who are/have experienced homelessness), para-professionals and professionals from several service providers. The RI Coalition for the Homeless coordinates the group to ensure that all outreach persons have access to training and support. This also ensures that the entire state is covered in this effort and services are not duplicated.

The Service Prioritization Decision Assistance Tool (SPDAT Assessment) is an evidence-informed approach to assessing an individual's or family's acuity. The SPDAT is an assessment tool developed by Org Code Consulting and Community Solutions to identify which households should be recommended for each type of housing intervention and which are in greatest need of each intervention. Rhode Island's Continuum of Care adopted this tool in July 2014 through participation in the Zero 2016 Campaign in order to have a unified assessment tool for the homeless system. The tool prioritizes who to serve next and why, while simultaneously identifying the areas where support is most needed to avoid housing instability. RI has integrated the Service Prioritization Decision Assistance Tool (SPDAT) with its Homeless Management Information System (HMIS) and using this information to inform planning.

Trauma Informed Care is prioritized in Rhode Island in the training of shelter and housing staff in trauma informed care using the Seeking Safety model. Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse.

Motivational Interviewing was introduced to the RI permanent supportive housing providers and shelter providers in 2005 as the state prepared to implement the Housing First pilot and it has proven to be instrumental with the chronic homeless population.

Cultural Competent Services recognize the differences in perspective based on race, ethnicity and culture. The teams involved in providing services through this grant will need to be trained in cultural competent services and its tenets of "accepting differences, recognizing strengths and respecting choices".

Cultural Competent Service is an Evidence Based Practice in SAMSHA's Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-occurring Disorders.¹

¹ SAMHSA, Blueprint for Change: Ending Chronic Homelessness for Persons with serious Mental Illness and Co-occurring Substance Use Disorders. DHHS Pb.No. SMA-04-3870

Critical Time Intervention (CTI) was introduced to providers as the state developed its plan to end homelessness. CTI began targeting its services to the most vulnerable. It addresses the fact that some will need intensive case management forever while others will need time limited supports. Those needing limited supports are incentivized to move to mainstream supports. CTI is identified as an EBP in SAMHSA's National registry of evidence based practices.

Intensive Case Management is offered through a person-centered, low demand team such as Assertive Community Treatment (ACT). This approach provides for "one stop shopping" for individuals through a multidisciplinary team. The smaller caseloads allow for individuals and the ACT team to develop trust and rapport. Combined with aggressive engagements the housing outcomes are positive.

Permanent Supportive Housing (PSH) is a model that couples permanent, safe, affordable housing with services focusing on housing retention, employment and self-sufficiency. Services are voluntary and not a condition of the lease. Services in permanent supportive housing are flexible, maximize independence, and are responsive to the individual's needs and accessible from where the person lives. PSH is an Evidence Based Practice in SAMSHA's Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-occurring Disorders.

Housing First, is the State's primary supportive housing approach, piloted in 2006 through a collaborative with the Rhode Island Office of Housing and Community Development, the United Way of Rhode Island, the Rhode Island Foundation and the Corporation for Supportive Housing. Similar to PSH, the model couples permanent, safe, affordable, low demand housing with services focusing on housing retention, employment and self-sufficiency. Services are voluntary and case workers employ aggressive engagement techniques

Peer Recovery Specialists are being incorporated across the system in Rhode Island. The Peer Recovery Specialist's role as a behavioral healthcare professional is to provide interventions that promote socialization, long-term recovery, wellness, and self-advocacy, development of natural supports, relapse prevention, and community inclusion. The Peer Recovery Specialist does not replace any other professionals but rather complements the existing array of support services.

Activities Checklist:

- Outreach and other engagement strategies to enroll clients (including screening and assessment, for the presence of substance use disorders, SMI, or co-occurring mental and substance use disorders).
- Direct treatment for the population(s) of focus. Treatment must be provided in outpatient, day treatment or intensive outpatient, or short-term residential programs. Case management or other strategies to link with and retain clients in housing and other necessary

services, including but not limited to primary care services, and to coordinate these services with other services provided to the client.

- Engage and enroll the population(s) of focus into Medicaid and other mainstream benefit programs Trauma-informed services to include an emphasis on implementation of trauma-informed approaches in programs, services, and systems, including trauma-specific interventions that are designed to address the consequences of trauma in the individual and to facilitate healing. This may include assessment and interventions for emotional, sexual, and physical abuse.
- Contract with statewide SOAR program to engage and enroll persons in SSI/SSDI, Medicaid and other mainstream programs.
- Hire a supported employment specialist to enhance state and community capacity to provide and expand evidence-based supported employment programs for the population(s) of focus. Hire a full-time SOAR Specialist to increase access to the disability income benefit programs for the population(s) of focus.
- Hire peer recovery support specialist(s) to deliver peer recovery support services designed and delivered by people with lived experience in recovery from mental illness and/or substance use disorders.
- Access to recovery support services designed to improve access to and retention in services and to continue treatment gains, which may include some or all of the following as appropriate for each client:
 - Vocational, child care, educational and transportation services
 - Independent living skills (e.g., budgeting and financial education)
 - Employment readiness, training, and placement
 - Crisis care
 - Medications management
 - Self-help programs
 - Discharge planning
 - Psychosocial rehabilitation
- Placement and retention in permanent housing for enrolled individuals.

APPENDIX B
BUDGET FORM 1 of 5
TERM: 12 Months

PROJECT COSTS

COST CATEGORY	TOTAL AMOUNT OF EACH COST (including BHDDH funding)	BHDDH FUNDING ALLOCATED TO EACH COST
DIRECT PROGRAM COSTS:		
PERSONNEL	\$	\$
FRINGE BENEFITS	\$	\$
SUBCONTRACTORS	\$	\$
IN-STATE TRAVEL	\$	\$
OUT-OF-STATE	\$	\$
PRINTING	\$	\$
SUPPLIES	\$	\$
EQUIPMENT	\$	\$
EDUCATION MATERIALS	\$	\$
OTHER	\$	\$
TOTAL DIRECT CHARGES:	\$	\$
INDIRECT OR ADMIN CHARGES (an amount greater than 10% may only may be requested if Provider has a federally approved indirect rate which can only be used for programming funded by SAMHSA funds, i.e. it can only can be requested on the SAMHSA-funded portion of the direct charges):♣	\$	\$
TOTAL PROJECT COSTS: *	\$	

Signature of Authorized Agent: _____

♣ If Indirect Charges are being requested, a copy of the Provider's Federal Indirect Rate agreement must be included with this application and will not count toward any page limitation.

* The Total Project Cost, as well as all resources being applied to the total Project Cost, must be disclosed in this budget.

BUDGET FORM 2 of 5

BUDGET JUSTIFICATION

DIRECT PROGRAM COSTS - DETAIL OF APPLICANT PERSONNEL

NAME POSITION TITLE DESCRIPTION OF GRANT DUTIES		TOTAL ANNUAL SALARY \$	TOTAL ANNUAL FRINGE \$	TOTAL ANNUAL COMPENSATION \$	PERCENTAGE OF TIME DEVOTED TO PROJECT %	TOTAL AMOUNT (\$) CHARGEABLE TO BHDDH GRANT AWARD
Task 1						
Task 2						
Task 3						
Task 4						
TOTAL REQUEST FROM BHDDH FOR APPLICANT'S PERSONNEL						\$

BUDGET FORM 3 of 5

DIRECT PROGRAM COSTS - DETAIL OF SUBCONTRACTORS

NAME OF SUBCONTRACTOR; INCLUDE BRIEF DESCRIPTION OF STAFFING, STAFFING COSTS AND STAFF TIME TO BE DEVOTED TO PROJECT; AND OTHER GENERAL ESTIMATED COSTS		TOTAL AMOUNT (\$) CHARGEABLE TO BHDDH GRANT AWARD
Task 1		
Task 2		
Task 3		
Task 4		
TOTAL REQUEST FROM BHDDH		

BUDGET FORM 4 of 5

EXPLANATION OF OTHER DIRECT EXPENSES

EXPENSE CATEGORY		DESCRIPTION	TOTAL COST \$	TOTAL AMOUNT (\$) CHARGEABLE TO BHDDH GRANT AWARD
Task 1				
Task 2				
Task 3				
Task 4				
TOTAL REQUEST FROM BHDDH				

EXPLANATION OF INDIRECT EXPENSES

EXPENSE CATEGORY		DESCRIPTION	TOTAL COST \$	TOTAL AMOUNT (\$) CHARGEABLE TO BHDDH GRANT AWARD
Task 1				
Task 2				
Task 3				
Task 4				
TOTAL REQUEST FROM BHDDH				

BUDGET FORM 4 of 5

EXPLANATION OF OTHER RESOURCES APPLIED TO TOTAL PROJECT COST

DESCRIPTION		AMOUNT
Task 1		
Task 2		
Task 3		
Task 4		